

CLAIMS ONLY							Application Number <b>10/650880</b>		Filing Date			
							Applicant(s)					
<b>12/14/06</b>							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
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Total Indep	<b>6</b>		<b>3</b>				Total Indep	<b>6</b>	<b>3</b>			
Total Depend	<b>53</b>		<b>30</b>				Total Depend	<b>53</b>	<b>30</b>			
Total Claims	<b>59</b>		<b>33</b>				Total Claims	<b>59</b>	<b>33</b>			